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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/812,703	03/19/2001	Terrance Moore	24996	9723

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EXAMINER

FRENEL, VANEL

ART UNIT PAPER NUMBER

3626

DATE MAILED: 10/06/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/812,703

Applicant(s)

MOORE ET AL.

Examiner

Vanel Frenel

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 09 June 2004.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-20 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-20 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the Amendment filed 06/09/04. Claims 1-20 are pending.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Javors (US 2002/0152097), Kathryn P. Glass (Incentive-Based Physician Compensation Models, July 1999) in view of Khorasani et al (6,029,138).

(A) As per claim 1, Javors discloses a method of collecting fees for managing and optimizing the profitability of a plurality of physicians in a healthcare practice participating in an insurance network (See Javors, Abstract, lines 1-16; Page 1, Paragraph 0014-0016), the method comprising the steps of:

 funding an incentive pool (See Javors, Pages 10, Paragraphs 0168-0176).

 Javors fails to explicitly disclose: paying funds from the funded incentive pool to the healthcare practice participating in the insurance network if the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time.

However this feature is well known in the art, as evidenced by Glass. In particular, Glass suggests paying funds from the funded incentive pool to the healthcare practice participating in the insurance network if the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time (See Glass, Pages 42-44, Paragraphs 47-52 and table on page 43). The Examiner considers General Surgeons' base salary to be paid annually (read on "preselected period of time"); see paragraph 50 of Glass. In addition, bonuses and incentives are credited to surgeons on an annual basis where there are positive differences, whereas negative differences would result in either a payback or future reduction in the physician's compensation (See Paragraph 47 of Glass). It is respectfully submitted that a positive difference is a form of costs not decreased to a preselected level, and when considered annually, over a preselected period of time.

One of ordinary skill in the art at the time of the invention would have found it an obvious modification to the combined teachings of Javors and Glass with the motivation of aligning incentives with the goals of a healthcare practice and encouraging others to adopt new behaviors consistent with the group's strategic goals (See Paragraph 46 of Glass).

The combined teachings of Javors and Glass do not explicitly disclose establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to increase the plurality of physicians' profitability by reducing a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network;

Art Unit: 3626

modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs; and distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians' ancillary medical cost management.

However, these features are known in the art, as evidenced by Khorasani. In particular, Khorasani suggests establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to increase the plurality of physicians' profitability by reducing a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network (Col.5, lines 34-67 to Col.6, line 26); modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs (See Khorasani, Col.5, lines 34-67 to Col.6, line 26); and distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians' ancillary medical cost management (See Khorasani, Col.5, lines 34-67 to Col.6, line 1-26).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Khorasani within the combined teachings of Javors and Glass with the motivation of providing systems that either seek to change the physician's behavior or interfere with traditional practice routines which are often not adopted readily by physicians (See Khorasani, Col.1, lines 36-40).

Art Unit: 3626

(B) As per claim 2, Javors discloses the method wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare consultation group, the healthcare practice, and the insurance network and distributing the savings to the at least two of the healthcare consultation group, the healthcare practice and the insurance network base on the selected percentages (Page 6, Paragraph 0087-0101).

(C) As per claim 3, Javors discloses the method further comprising collecting the step of collecting no fee by the healthcare consultation group if the healthcare practice does not reduce the ancillary medical costs to the preselected level over the predetermined period of time (Page 2, Paragraph 0031-0034).

(D) As per claim 4, Javors discloses the method wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group and the healthcare practice are greater than the predetermined percentage of the savings distributed to the insurance network (Page 3, Paragraph 0050-0055), and wherein the step of funding the incentive pool includes the healthcare consultation group funding the incentive pool (Page 4, Paragraphs 0056-0064).

(E) As per claim 5, Javors discloses the method further comprising the step of providing a billing fee structure from the healthcare consultation group wherein the

Art Unit: 3626

savings are calculated by subtracting current ancillary medical costs from predetermined baseline ancillary medical costs (Page 5, Paragraph 0072-0076).

(F) As per claim 6, Javors discloses the method further comprising the step of calculating the billing fee structure for the healthcare consultation group by multiplying a predetermined percentage of the savings by the number of patients participating in the healthcare practice (Page 6, Paragraph 0084-0086; Page 7, Paragraph 0098-0101).

(G) As per claim 7, Javors discloses the method wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs (Page10, Paragraph 0174-0186).

(H) As per claim 8, Javors discloses a method of collecting fees for managing a plurality of physicians in a healthcare practice participating in an insurance network (Abstract, lines 1-16; Page 1, Paragraph 0014-0016), the method comprising the steps of: funding an incentive pool (See Javors, Page 10, Paragraph 0168-0176);

Javors fails to explicitly disclose establishing a plan to pay funds from the funded incentive pool to the healthcare practice participating in the insurance network if the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time.

However, this feature is well known in the art, as evidenced by Glass. In particular, Glass discloses establishing a plan to pay funds from the funded incentive pool to the healthcare practice participating in the insurance network if the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time (See Glass, Pages 42-44, Paragraphs 47-52 and table on page 43). The Examiner considers General Surgeons' base salary to be paid annually (read on "preselected period of time"); see paragraph 50 of Glass. In addition, bonuses and incentives are credited to surgeons on an annual basis where there are positive differences, whereas negative differences would result in either a payback or future reduction in the physician's compensation (See Paragraph 47 of Glass). It is respectfully submitted that a positive difference is a form of costs not decreased to a preselected level, and when considered annually, over a preselected period of time.

The motivation for combining Javors and Glass is as given above in the rejection of claim 1, and incorporated herein.

The combined teachings of Javors and Glass do not explicitly disclose establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to reduce a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network; modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs; and distributing predetermined percentages of savings attributed to the modifying behavior of the

Art Unit: 3626

plurality of physicians' ancillary medical cost management if the ancillary medical costs decrease to the preselected level over the preselected period of time.

However, these features are known in the art, as evidenced by Khorasani. In particular, Khorasani suggests establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to reduce a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network (See Khorasani, Col.5, lines 34-67 to Col.6, line 26); modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs (See Khorasani, Col.5, lines 34-67 to Col.6, line 26); and distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians' ancillary medical cost management if the ancillary medical costs decrease to the preselected level over the preselected period of time (See Khorasani, Col.5, lines 34-67 to Col.6, line 26).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Khorasani within the combined teachings of Javors and Glass with the motivation of providing systems that either seek to change the physician's behavior or interfere with traditional practice routines which are often not adopted readily by physicians (See Khorasani, Col.1, lines 36-40).

(I) As per claim 9, Javors discloses the method wherein the step of funding the incentive pool includes the healthcare consultation group funding the incentive pool,

Art Unit: 3626

wherein the modifying behavior of the plurality of physicians is responsive to recommendations of the healthcare consultation group, and the method further comprising the step of paying funds from the funded incentive pool only if the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time responsive to the modifying behavior (Page 2, Paragraph 0031-0034).

(J) As per claim 10, Javors discloses the method wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare consultation group, the healthcare practice, and the insurance network base on the selected percentages (Page 6, Paragraph 0087-0101).

(K) As per claim 11, Javors discloses the method further comprising the steps of collecting no fee by the healthcare consultation group if the healthcare practice does not reduce the ancillary medical costs to the preselected level over the predetermined period of time and providing a billing fee structure from the healthcare consultation group wherein the savings are calculated by subtracting current ancillary costs from predetermined baseline ancillary medical costs (Page 2, Paragraph 0031-0034).

(L) As per claim 12, Javors discloses the method wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group

Art Unit: 3626

and the healthcare practice are greater than the predetermined percentage of the savings distributed to the insurance network, and wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs (Page 3, Paragraph 0050-0055).

(M) As per claim 13, Javors discloses a method of collecting fees for managing and optimizing the profitability of an insurance network having a plurality of physicians in a healthcare practice participating therein (See Javors, Abstract, lines 1-16; Page 1, Paragraph 0014-0016), the method comprising the steps of:

Javors fails to explicitly disclose distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians' ancillary medical cost management to at least one of the insurance network and the healthcare management consultation group if the ancillary medical costs decrease to a preselected level over a preselected period of time behavior.

However this feature is well known in the art, as evidenced by Glass. In particular, Glass discloses distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians' ancillary medical cost management to at least one of the insurance network and the healthcare management consultation group if the ancillary medical costs decrease to a preselected level over a preselected period of time behavior (See Glass, Pages 42-44, Paragraphs 47-52 and table on page 43). The Examiner considers General Surgeons' base salary to be paid

Art Unit: 3626

annually (read on “preselected period of time”); see paragraph 50 of Glass. In addition, bonuses and incentives are credited to surgeons on an annual basis where there are positive differences, whereas negative differences would result in either a payback or future reduction in the physician’s compensation (See Paragraph 47 of Glass). It is respectfully submitted that a positive difference is a form of costs not decreased to a preselected level, and when considered annually, over a preselected period of time.

The motivation for combining Javors and Glass is as given above in the rejection of claim 1, and incorporated herein.

The combined teachings of Javors and Glass do not explicitly disclose establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to reduce a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network and modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs.

However, this feature is known in the art, as evidenced by Khorasani. In particular, Khorasani suggests establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to reduce a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network (See Khorasani, Col.5, lines 34-67 to Col.6, line 26); and modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs. (See Khorasani, Col.5, lines 34-67 to Col.6, line 26).

Art Unit: 3626

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Khorasani within the combined teachings of Javors and Glass with the motivation of providing systems that either seek to change the physician's behavior or interfere with traditional practice routines which are often not adopted readily by physicians (See Khorasani, Col.1, lines 36-40).

(N) As per claim 14, Javors discloses the method further comprising funding an incentive pool to be paid to the insurance network if the modified medical management practices do not decrease ancillary medical costs of the insurance network to a preselected level over a preselected period of time (The Examiner understands managed care companies had a strong focus on reducing the cost of medical care, mainly through restrictive measures. Employers were willing to accept these restrictions in return for reduced annual premiums as a form of do not decrease ancillary medical costs to the preselected level over the preselected period of time (See Javors, Page1, Paragraphs 0014-0016).

(O) As per claim 15, Javors discloses the method wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare management consultation group, the healthcare practice, and the insurance network and distributing the savings to the at least two of the healthcare consultation group, the healthcare practice and the insurance network base on the selected percentages (Page 6, Paragraph 0087-0101).

(P) As per claim 16, Javors discloses the method further comprising the steps of collecting no fee by the healthcare consultation group if the insurance network does not decrease ancillary medical costs to the preselected level over the preselected period of time (The Examiner understands managed care companies had a strong focus on reducing the cost of medical care, mainly through restrictive measures. Employers were willing to accept these restrictions in return for reduced annual premiums as a form of does not decrease ancillary medical costs to the preselected level over the preselected period of time (See Javors, Page1, Paragraphs 0014-0016).

(Q) As per claim 17, Javors discloses the method wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group and the insurance network are greater than the predetermined percentage of the savings distributed to the healthcare practice (Page 6, Paragraph 0084-0086; Page 7, Paragraph 0098-0101).

(R) As per claim 18, Javors discloses the method further comprising the step of providing a billing fee structure from the healthcare consultation group wherein the savings are calculated by subtracting current ancillary medical costs from predetermined ancillary medical costs (Page 5, Paragraphs 0072-0176; Page 10, Paragraph 0174-0176).

Art Unit: 3626

(S) As per claim 19, Javors discloses the method further comprising the step of calculating the billing fee structure for the healthcare consultation group by multiplying a predetermined percentage of the savings by the number of patients participating in the healthcare practice (Page 7, Paragraph 0110-0115).

(T) As per claim 20, Javors discloses the method wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs (Page 10, Paragraph 0174-0188).

Response to Arguments

4. Applicant's arguments filed on 06/09/04 with respect to claims 1-20 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 06/09/04.

(A) At pages 7-16 of the 06/09/04 response, Applicant argues the followings:

(1) Javors, Glass and Khorasani fail to recognize the problem by Applicants claimed invention.

(2) No proper prima facie case of obviousness has been set forth as required.

(3) No suggestion or motivation to modify the references or combine reference teachings.

(4) No reasonable expectation of success.

(5) The cited patent documents fail to teach or suggest all the claim limitations.

Art Unit: 3626

(B) With respect to Applicant's arguments, Examiner respectfully submits that obviousness is not determined on the basis of the evidence as a whole and the relative persuasiveness of the arguments. See *In re Oetiker*, 977F. 2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed. Cir. 1992); *In re Hedges*, 783F.2d 1038, 1039, 228 USPQ 685, 686 (Fed. Cir. 1992); *In re Piaseckii*, 745 F.2d 1468, 1472, 223 USPQ 785, 788 (Fed. Cir. 1984); *In re Rinehart*, 531 F.2d 1048, 1052, 189 USPQ 143, 147 (CCPA 1976). Using this standard, the Examiner respectfully submits that he has at least satisfied the burden of presenting a prima facie case of obviousness, since he has presented evidence of corresponding claim elements in the prior art and has expressly articulated the combinations and the motivations for combinations that fairly suggest Applicant's claimed invention (See the previous Office Action). Note, for example, in the instant case, the Examiner respectfully notes that each and every motivation to combine the applied references are accompanied by select portions of the respective reference(s) which specially support that particular motivation and /or an explanation based on the logic and scientific reasoning of one ordinarily skilled in the art at the time of the invention that support a holding of obviousness. As such, it is not seen that the Examiner's combination of references is unsupported by the applied prior art of record. Rather, it is respectfully submitted that explanation based on the logic and scientific reasoning of one of ordinarily skilled in the art at the time of the invention that support a holding of obviousness has been adequately provided by the motivations and reasons indicated by the Examiner, *Ex parte Levengood*, 28 USPQ2d 1300 (Bd. Pat. App. &

Art Unit: 3626

Inter., 4/22/93). Therefore, the combination of references is proper and the rejection is maintained.

In addition, the Examiner recognizes that references cannot be arbitrarily altered or modified and that there must be some reason why one skilled in the art would be motivated to make the proposed modifications. However, although the Examiner agrees that the motivation or suggestion to make modifications must be articulated, it is respectfully contended that there is no requirement that the motivation to make modifications must be expressly articulated within the references themselves. References are evaluated by what they suggest to one versed in the art, rather than by their specific disclosures, *In re Bozek*, 163 USPQ 545 (CCPA 1969). Therefore, Applicant's argument is not persuasive.

Further, it is respectfully submitted that Applicant merely provides a piecemeal analysis of the teachings of the Javors, Glass and Khorasani references, separately, and in a vacuum. As such, it is respectfully submitted that one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986).

In addition, with specific reference to Applicant's remarks about the Glass reference, the Examiner respectfully submits that it is sufficient to demonstrate that the prior art meets the limitations as claimed, whether by a single instance or scenario, or in every possible preferred embodiment, since it was determined in *In re Lamberti et al*, 192 USPQ 278 (CCPA) that:

- (i) obviousness does not require absolute predictability;
- (ii) non-preferred embodiments of prior art must also be considered; and

Art Unit: 3626

(iii) the question is not express teaching of references, but what they would suggest.

6. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Conclusion

7. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied teaches system and method for supporting delivery of health care (6,012,035) system for monitoring and managing the health care of a patient population (6,385,589), system for and method of collecting and populating a database with physician/patient data for processing to improve practice quality and healthcare delivery (6,151, 581), system and method for replacing a liability with insurance and for analyzing data and generating documents pertaining to a

Art Unit: 3626

premium financing mechanism paying for such insurance (6,026, 364), method for mediating social and behavioral processes in medicine and business an interactive telecommunications guidance system (5,722,418), method and apparatus for integrated management of pharmaceutical and healthcare services (6,112,182) and Influencing Physician Prescribing (October 1999).

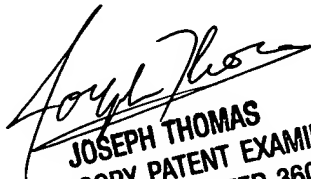
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Vanel Frenel whose telephone number is 703-305-4952. The examiner can normally be reached on Monday-Thursday on 6:30am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 703-305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are 703-305-7687 for regular communications and 703-305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-308-1113.

V.F
V.F

September 17, 2004


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600